

26470

DD-19 (Rev. 5-57)
**MODUS OPERANDI
 AND PRIOR REPORT**

**POLICE DEPARTMENT
 CITY OF NEW YORK**

NOT WANTED - *W.D.*
 Complaint No. *100*

(Last Name) JACOBS	Prisoner's Name (First Name) JANE	Date and Time of Arrest 4/17/68	Arrest No. 583	Criminal Record No. 709626
Aliases N/A	Nicknames N/A	Location of Arrest 118 CLINTON ST	No. of Persons 1	Standing Photo No.
Address (Reside, City and State or Foreign Country) HUDSON ST		(Rank) (Name) P.T. MCGOVERN	Accounting Officer (Shield) (Count) 17238 1st	
Occupation WRITER	Social Security No. 240-48 145-00 19505	Drug User? No	Kind of Drug Used	
Crime Charged (Title and Specific Offense) PL 240.05 240.48 145.00 19505				
Give concise statement of all essential details of the crime or offense Carried 11 person to follow towards not destroyed property				
<input type="checkbox"/> SALE - DRUGS <input type="checkbox"/> SALE - ALCOHOL <input type="checkbox"/> SALE - TOBACCO <input type="checkbox"/> SALE - OTHER <input type="checkbox"/> SALE - FURS <input type="checkbox"/> SALE - JEWELRY <input type="checkbox"/> SALE - ARTS <input type="checkbox"/> SALE - OTHER <input type="checkbox"/> SALE - FISH <input type="checkbox"/> SALE - BIRDS <input type="checkbox"/> SALE - PLANTS <input type="checkbox"/> SALE - OTHER				
INFORMATION FOR USE IN MODUS OPERANDI FILE				
Date and Time of Crime 4/10/68	Time of Arrest 10	ASSOCIATES ON THIS ARREST Name Criminal Record No.		
Crime Committed At 350 GRAND ST	Location of Crime Inside	OTHER KNOWN ASSOCIATES (State Names, Address and Criminal Record No.)		
Type of Building (Vehicle, Store, Dwelling, Loft, etc.) SEWARD PARK H.S.	Means of Entry (Jimmy, Key, Bodily Force)	68 APR 17 PM 2:57		
Object of Crime	Represented Self As (Agent, Inspector, etc.)	IF PRISONER OWNS OR DRIVES AN AUTO, FILL IN THE FOLLOWING CAPTIONS: Make _____ Model _____ Year _____		
Tale Told by Prisoner to Complainant	Vehicle Used? Describe	OTHER KNOWN ASSOCIATES (State Names, Address and Criminal Record No.)		
Facilities Committed	Proprietary	IF PRISONER OWNS OR DRIVES AN AUTO, FILL IN THE FOLLOWING CAPTIONS: Make _____ Model _____ Year _____		
Complainant STATE N.Y.	Address 5 TOTA, NY	IF PRISONER OWNS OR DRIVES AN AUTO, FILL IN THE FOLLOWING CAPTIONS: Make _____ Model _____ Year _____		